



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers of Residential Support, Day Support, Prevocational and Group Supported Employment services through the Intellectual Disability (ID), Day Support (DS) and Individual and Families Developmental Disabilities Support (DD) Waivers

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 01/8/2015

SUBJECT: Provider Assessment of Settings — To Be Completed By January 31, 2015

The purpose of this memo is to notify Home and Community Based Services (HCBS) providers of Residential Support, Day Support, Prevocational, and Group Supported Employment services of information related to the Centers for Medicare and Medicaid Services (CMS) HCBS Final Rule, published January 16, 2014. The purpose of the Final Rule is to: 1. Enhance the HCBS quality of supports and services; 2. To provide protections to individuals; and; 3. To ensure that individuals receiving Medicaid HCBS have full access to benefits of community living including the opportunity to receive services in the most integrated setting appropriate.

The Commonwealth is required by the Center for Medicare and Medicaid Services (CMS) to assess current provider settings to determine the level of compliance with the new setting requirements of the Final Rule relative to community living which includes the opportunity to receive services in the most integrated setting appropriate. To do this, all Intellectual Disability (ID), Individual and Families Developmental Disabilities Support (DD) and Day Support (DS) waiver providers of Residential Support, Day Support, Prevocational Support and Group Supported Employment must take the following steps to support the Commonwealth's compliance with the rule.

1. Visit http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx to find additional information and guidance on the rule.
2. Complete the checklist found on the above website. The checklist is designed for providers to use as a tool to determine areas in which the service settings are aligned with the new CMS requirements and identify areas that will require enhancements to meet the requirements. The completed checklist should be retained in the provider's records until March 17, 2019 and may be reviewed during a subsequent provider reviews.
3. Complete and submit a provider self-assessment through Survey Monkey at <https://www.surveymonkey.com/s/F8GWBWV>. **Completion of this self-assessment by providers of the above referenced services is necessary to meet CMS guidelines. It is imperative that the self-assessment be completed by January 31, 2015 in order for the Commonwealth to assess compliance.** Providers should retain a hard copy of the completed survey in the records until March 17, 2019.

NOTE: The online self-assessment survey is designed to solicit narrative responses and explanations of the extent to which settings currently meet CMS settings requirements. It should be completed after the provider reviews the settings requirements guidance and completes the checklist as these items may inform responses to the self-assessment survey.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/alte-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.